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DATAGRAM

House Staff Expenditures and Funding In COTH Member Hospitals

For 16 consecutive years, the Department of Teaching Hospitals of the Association of American Medical Colleges (AAMC) has conducted a survey of house staff stipends, benefits, and funding for members of the Association's Council of Teaching Hospitals (COTH). This year's survey includes the mean and median reported stipend levels for each of six post-M.D. years of training for 1983-84 and 1984-85.

These data are further aggregated by region, affiliation, type of ownership, and bed size of reporting hospitals. In addition, comparative data allow an analysis of the various benefits provided to the house staff and their dependents, including health and nonhealth benefits such as parking privileges, the provision of meals, life insurance, and leave time allowed. Finally, the survey presents information on

trends in stipend levels, total hospital expenditures for stipends and benefits, and the sources used to fund these expenditures. This Datagram highlights certain data from the AAMC publication, *1984 COTH Survey of Housestaff Stipends, Benefits, and Funding*. The 1984 survey was mailed to 433 members, and at least partial responses were received from 355 COTH hospitals, an 82 percent response rate.

Stipends

The mean stipend levels reported for 1984-85 continue a trend of smaller percentage increases for individual stipends. The nationwide mean increased approximately 4.7 percent in 1984-85 for first-year house staff members over the previous year. Table 1 illustrates

TABLE 1
Dollar and Percentage Increases in Mean House Staff First-Year Stipends, COTH Member Hospitals, 1969-1985

Academic Year	Mean First Post-M.D. Year Stipend (in dollars)	Dollar Increase Over Previous Year	Percentage Increase Over Previous Year	Percentage Increase in Consumer Price Index* (all items)
1969-70	7,325	—	—	—
1970-71	8,115	790	10.8	5.9
1971-72	9,198	1,083	13.3	4.3
1972-73	9,698	500	5.4	3.3
1973-74	10,114	416	4.3	6.2
1974-75	10,692	578	5.7	11.0
1975-76	11,685	993	9.3	9.1
1976-77	12,371	686	5.9	5.8
1977-78	13,145	774	6.3	6.5
1978-79	13,904	759	5.8	7.7
1979-80	14,811	907	6.5	11.3
1980-81	16,017	1,206	8.1	13.5
1981-82	17,301	1,284	8.0	10.3
1982-83	18,910	1,609	9.3	6.0
1983-84	19,868	958	5.1	3.1
1984-85	20,808	940	4.7	4.4

* CPI figures are calendar year figures. That is, the increase in the fifth column represents the percentage increase in the Consumer Price Index between January 1 and December 31st.
Source: U.S. Bureau of Labor Statistics.

TABLE 2
COTH Member Hospital Expenditures for Resident Stipends and Fringe Benefits, 1983-84

Hospital Category	Resident Expenditures		Resident Expenditures as a Percent of Hospital Operating Budget	
	No. of Hospitals	Mean (in millions of dollars)	No. of Hospitals	Mean (in millions of dollars)
All Responding Hospitals	343	3.72	313	3.5
Geographic Region				
Northeastern	136	3.83	123	3.6
Southern	64	3.82	58	3.8
Midwestern	99	3.40	90	3.1
Western	44	3.98	42	3.6
Affiliation Relationship*				
University-owned	56	6.40	50	4.5
Major affiliate	243	3.32	222	3.4
Limited affiliate	38	2.22	36	2.7
Hospital Ownership*				
State-owned	42	5.88	38	4.6
Municipally-owned	28	5.20	25	4.3
Church-owned	42	2.71	39	2.7
Other, nonprofit	166	3.73	149	3.2
Veterans Administration	63	2.38	61	3.8
Hospital Bed Size				
399 or less	90	2.40	82	3.5
400 to 549	100	3.24	92	3.4
550 to 699	62	3.46	56	3.4
700 or more	91	5.74	83	3.6

* For reasons of confidentiality, some responding hospitals were excluded from these categories.

that this increase was reflective of the increase in the overall consumer price index.

The report includes specific information on the variation in first-year stipend levels. For example, hospitals in the southern region, those with a strong affiliation relationship, and those that are state-owned report the lowest stipend levels overall.

Expenditures

The total hospital expenditure for residency stipends and benefits for 343 hospitals responding to this question was \$1.3 trillion; the mean was \$3.7 million (Table 2). The mean percent of the hospitals' operating budget spent on residency stipends and benefits was 3.5 percent, but these percentages ranged from 0.1 to 9.8 percent.

The mean level of expenditures for resi-

dency stipends and benefits was highest in state- and municipally-owned hospitals, where the mean expenditures were \$5.9 million and \$5.2 million, respectively. University-owned hospitals were also atypically high, with a mean for these expenditures of \$6.4 million.

Funding

The predominant source of funding for house staff stipends and benefits is patient revenues (Table 3). Approximately 81 percent of the costs of residency stipends and benefits was derived from this source in 1983-84, and patient revenues supported 60.9 percent of similar costs for fellowship programs. In the past, the National Institutes of Health (NIH) has been the second largest source of funds supporting clinical fellows (9.1 percent in 1982-83), while the physician fee revenue percentage

TABLE 3
Percentage Distribution of Funding Sources Used To Pay Hospital Costs of
House Staff Stipends and Fringe Benefits, All Responding COTH Hospitals
(Excluding VA Hospitals), 1983-84

Funding Source	Source of Revenue*	
	Residents	Clinical Fellows
Patient revenues and general operating appropriations	81.10	60.92
State appropriations earmarked for house staff expenses	4.98	2.30
Municipal appropriations earmarked for house staff expenses	1.19	0.64
Veterans Administration appropriations	1.98	4.04
Physician fee revenue	0.60	9.03
Medical school/university funds	1.91	2.35
National Institutes of Health	0.29	8.75
Other federal agencies	0.27	0.88
Endowment income	0.03	0.52
Foundation grants/voluntary agencies	0.43	5.40
Other	7.23	5.18

* The number of hospitals responding to the question concerning the funding sources of residents' stipends and benefits was 280, and the number for clinical fellows was 97.

was low (2.9 percent). Data from this year's survey place physician fee revenues in the second largest category for supporting clinical fellows with 9.0 percent and the NIH at 8.8 percent.

Conclusion

As indicated by the results of the survey, the funding of house staff stipends and fringe benefits is dependent on support from patient care revenues. With the current federal emphasis on cost-containment, the validity of

supporting this educational process from patient care dollars is being questioned. Although the AAMC firmly believes this to be an appropriate source, an ad hoc committee on the financing of graduate medical education has been established to evaluate both traditional funding sources and proposed alternative sources.

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